

Senate Bill 135

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act requires that CASAs be members of certain councils, committees and teams. (Flesch Readability Score: 63.4).

Requires the appointment of court appointed special advocates to specified advisory councils, advisory committees and review teams.

A BILL FOR AN ACT

1
2 Relating to court appointed special advocates; amending ORS 418.043, 418.714, 418.726, 418.747,
3 418.782, 418.784, 418.811 and 418.978.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 418.043 is amended to read:

6 418.043. (1) The members of the Governor's Child Foster Care Advisory Commission must be
7 residents of this state with experience and expertise in the foster care system in this state, including
8 but not limited to:

9 (a) Current or former foster parents and current or former foster children;

10 (b) Family members of individuals described in paragraph (a) of this subsection;

11 (c) Biological parents involved in the foster care system in this state;

12 (d) Representatives of advocacy organizations that advocate regarding issues pertaining to the
13 foster care system in this state;

14 (e) Representatives of public, private, profit and nonprofit agencies, organizations and other en-
15 tities with experience in, interest in and responsibility for the provision of care to children in the
16 foster care system in this state;

17 (f) Members of the Oregon State Bar with expertise in family and juvenile dependency law;

18 (g) Representatives of law enforcement agencies and district attorneys;

19 (h) Former employees of the Department of Human Services, Oregon Health Authority and De-
20 partment of Justice who were responsible for the administration and oversight of the child welfare
21 and foster care systems in this state, including but not limited to former caseworkers [*and former*
22 *court appointed special advocates*];

23 (i) Representatives of the Judicial Department; [*and*]

24 (j) Representatives of federally recognized Indian tribes in Oregon and organizations serving
25 Native Americans[.]; **and**

26 **(k) Current or former court appointed special advocates, as defined in ORS 419A.004.**

27 (2) The members of the commission shall select one of the commission's members to serve as
28 chairperson and another to serve as vice chairperson, for terms and with duties and powers neces-

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 sary for the performance of the functions of the offices as the commission determines.

2 (3) A majority of the members of the commission constitutes a quorum for the transaction of
3 business.

4 (4) The commission shall meet at least once every three months at a time and place determined
5 by the chairperson of the commission. The commission also may meet at other times and places
6 specified by the call of the chairperson or of a majority of the members of the commission.

7 (5) All agencies of state government, as defined in ORS 174.111, are directed to assist the com-
8 mission in the performance of the commission's duties, powers and obligations and, to the extent
9 permitted by laws relating to confidentiality, to furnish information that the members of the com-
10 mission consider necessary in order to further the work of the commission.

11 (6) The Department of Human Services shall provide the commission, including any advisory or
12 technical committees established under ORS 418.046, with any necessary clerical and administrative
13 staff support, including, at a minimum, one full-time equivalent (FTE) policy analyst.

14 **SECTION 2.** ORS 418.714 is amended to read:

15 418.714. (1) A local domestic violence coordinating council recognized by the local public safety
16 coordinating council or by the governing body of the county may establish a multidisciplinary do-
17 mestic violence fatality review team to assist local organizations and agencies in identifying and
18 reviewing domestic violence fatalities. When no local domestic violence coordinating council exists,
19 a similar interdisciplinary group may establish the fatality review team.

20 (2) The purpose of a fatality review team is to review domestic violence fatalities and make
21 recommendations to prevent domestic violence fatalities by:

22 (a) Improving communication between public and private organizations and agencies;

23 (b) Determining the number of domestic violence fatalities occurring in the team's county and
24 the factors associated with those fatalities;

25 (c) Identifying ways in which community response might have intervened to prevent a fatality;

26 (d) Providing accurate information about domestic violence to the community; and

27 (e) Generating recommendations for improving community response to and prevention of do-
28 mestic violence.

29 (3) A fatality review team shall include but is not limited to the following members, if available:

30 (a) Domestic violence program service staff or other advocates for battered women;

31 (b) Medical personnel with expertise in the field of domestic violence;

32 (c) Local health department staff;

33 (d) The local district attorney or the district attorney's designees;

34 (e) Law enforcement personnel;

35 (f) Civil legal services attorneys;

36 (g) Protective services workers;

37 (h) Community corrections professionals;

38 (i) Judges, court administrators or their representatives;

39 (j) Perpetrator treatment providers;

40 (k) A survivor of domestic violence; *[and]*

41 (L) Medical examiners or other experts in the field of forensic pathology[.]; **and**

42 **(m) Current or former court appointed special advocates, as defined in ORS 419A.004.**

43 (4) Other individuals may, with the unanimous consent of the team, be included in a fatality
44 review team on an ad hoc basis. The team, by unanimous consent, may decide the extent to which
45 the individual may participate as a full member of the team for a particular review.

1 (5) Upon formation and before reviewing its first case, a fatality review team shall adopt a
2 written protocol for review of domestic violence fatalities. The protocol must be designed to facili-
3 tate communication among organizations and agencies involved in domestic violence cases so that
4 incidents of domestic violence and domestic violence fatalities are identified and prevented. The
5 protocol shall define procedures for case review and preservation of confidentiality, and shall iden-
6 tify team members.

7 (6) Consistent with recommendations provided by the statewide interdisciplinary team under
8 ORS 418.718, a local fatality review team shall provide the statewide team with information re-
9 garding domestic violence fatalities.

10 (7) To ensure consistent and uniform results, fatality review teams may collect and summarize
11 data to show the statistical occurrence of domestic violence fatalities in the team's county.

12 (8) Each organization or agency represented on a fatality review team may share with other
13 members of the team information concerning the victim who is the subject of the review. Any in-
14 formation shared between team members is confidential.

15 (9) An individual who is a member of an organization or agency that is represented on a fatality
16 review team is not required to disclose information. The intent of this section and ORS 418.718 is
17 to allow the voluntary disclosure of information.

18 (10) An oral or written communication or a document related to a domestic violence fatality
19 review that is shared within or produced by a fatality review team is confidential, not subject to
20 disclosure and not discoverable by a third party. An oral or written communication or a document
21 provided by a third party to a fatality review team is confidential, not subject to disclosure and not
22 discoverable by a third party. All information and records acquired by a team in the exercise of its
23 duties are confidential and may be disclosed only as necessary to carry out the purposes of the
24 fatality review. However, recommendations of a team upon the completion of a review may be dis-
25 closed without personal identifiers at the discretion of two-thirds of the members of the team.

26 (11) Information, documents and records otherwise available from other sources are not immune
27 from discovery or introduction into evidence solely because the information, documents or records
28 were presented to or reviewed by a fatality review team.

29 (12) ORS 192.610 to 192.705 do not apply to meetings of a fatality review team.

30 (13) Each fatality review team shall develop written agreements signed by member organizations
31 and agencies that specify the organizations' and agencies' understanding of and agreement with the
32 principles outlined in this section.

33 **SECTION 3.** ORS 418.726 is amended to read:

34 418.726. (1) There is created a Youth Suicide Intervention and Prevention Advisory Committee
35 to advise the Oregon Health Authority on the development and administration of strategies to ad-
36 dress suicide intervention and prevention for children and youth 5 through 24 years of age. The
37 Director of the Oregon Health Authority shall appoint members of the advisory committee and
38 members shall serve at the pleasure of the director. The authority shall provide staffing for the ad-
39 visory committee.

40 (2) The director shall ensure that advisory committee membership reflects the cultural, linguis-
41 tic, geographic and economic diversity of this state. The members of the advisory committee must
42 include, but need not be limited to:

- 43 (a) Individuals who have survived suicide attempts;
- 44 (b) Individuals who have lost friends or family members to suicide;
- 45 (c) Individuals who have not attained 21 years of age;

1 (d) Representatives of state agencies, including but not limited to the Department of Human
 2 Services, the Oregon Health Authority and the Department of Education, who provide services to
 3 individuals who have not attained 21 years of age;

4 (e) Representatives of Oregon Indian tribes;

5 (f) Representatives of colleges and universities;

6 (g) Medical and behavioral treatment providers;

7 (h) Representatives of hospitals and health systems;

8 (i) Representatives of coordinated care organizations and private insurers;

9 (j) Suicide prevention specialists; *[and]*

10 (k) Representatives of members of the military and their families[.]; **and**

11 **(L) Current or former court appointed special advocates, as defined in ORS 419A.004.**

12 (3) Members of the advisory committee other than members employed in full-time public service
 13 may be compensated for their services and may be reimbursed by the authority for the member's
 14 actual and necessary expenses incurred in the performance of the member's duties. Members of the
 15 advisory committee who are employed in full-time public service may be reimbursed by the member's
 16 employing agency for the member's actual and necessary expenses incurred in the performance of
 17 the member's duties. Reimbursements under this subsection are subject to the provisions of ORS
 18 292.210 to 292.288.

19 (4) The advisory committee shall meet no less than once every three months.

20 (5) The advisory committee may recommend potential members for appointment to the advisory
 21 committee.

22 (6) The advisory committee shall consult with the Youth Suicide Intervention and Prevention
 23 Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733.

24 **SECTION 4.** ORS 418.747, as amended by section 62, chapter 73, Oregon Laws 2024, is amended
 25 to read:

26 418.747. (1) The district attorney in each county shall be responsible for developing county child
 27 abuse multidisciplinary teams to consist of but not be limited to law enforcement personnel, De-
 28 partment of Human Services child protective service workers, school officials, local health depart-
 29 ment personnel, county mental health department personnel who have experience with children and
 30 family mental health issues, child abuse intervention center workers, if available, **current or for-**
 31 **mer court appointed special advocates** and juvenile department representatives, as well as others
 32 specially trained in child abuse, child sexual abuse and rape of children investigation.

33 (2) The teams shall develop a written protocol for immediate investigation of and notification
 34 procedures for child abuse cases, including child sexual abuse, and for interviewing child abuse
 35 victims. Each team also shall develop written agreements signed by member agencies that are re-
 36 presented on the team that specify:

37 (a) The role of each agency;

38 (b) Procedures to be followed to assess risks to the child;

39 (c) Guidelines for timely communication between member agencies;

40 (d) Guidelines for completion of responsibilities by member agencies;

41 (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as
 42 defined in ORS 329A.250, immediate notification of parents or guardians of children attending the
 43 child care facility is required regarding any abuse allegation and pending investigation; and

44 (f) Criteria and procedures to be followed when removal of the child is necessary for the child's
 45 safety.

1 (3) Each team member and the personnel conducting child abuse investigations and interviews
2 of child abuse victims shall be trained in risk assessment, the dynamics of child abuse, child sexual
3 abuse and rape of children, and forensic interviewing.

4 (4) All investigations of child abuse and interviews of child abuse victims shall be carried out
5 by appropriate personnel using the protocols and procedures called for in this section. If trained
6 personnel are not available in a timely fashion and, in the judgment of a law enforcement officer
7 or child protective services worker, there is reasonable cause to believe a delay in investigation or
8 interview of the child abuse victim could place the child in jeopardy of physical harm, the investi-
9 gation may proceed without full participation of all personnel. This authority applies only for as
10 long as reasonable danger to the child exists. A law enforcement officer or child protective services
11 worker shall make a reasonable effort to find and provide a trained investigator or interviewer.

12 (5) To ensure the protection and safe placement of a child, the Department of Human Services
13 may request that team members obtain criminal history information on any person who is part of
14 the household where the department may place or has placed a child who is in the department's
15 custody. All information obtained by the team members and the department in the exercise of their
16 duties is confidential and may be disclosed only when necessary to ensure the safe placement of a
17 child.

18 (6) Each team shall classify, assess and review cases under investigation.

19 (7)(a) Each team shall develop and implement procedures for evaluating and reporting compli-
20 ance of member agencies with the protocols and procedures required under this section. Each team
21 shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies
22 of the protocols and procedures required under this section and the results of the evaluation as re-
23 quested.

24 (b) The administrator may:

25 (A) Consider the evaluation results when making eligibility determinations under ORS 418.746
26 (3);

27 (B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the
28 protocols and procedures being used by the team based on the evaluation results; or

29 (C) Ask a team to evaluate the team's compliance with the protocols and procedures in a par-
30 ticular case.

31 (c) The information and records compiled under this subsection are exempt from ORS 192.311
32 to 192.478.

33 (8) Each team shall develop policies that provide for an independent review of investigation
34 procedures of sensitive cases after completion of court actions on particular cases. The policies shall
35 include independent citizen input. Parents of child abuse victims shall be notified of the review
36 procedure.

37 (9) Each team shall designate at least one physician, physician associate or nurse practitioner
38 who has been trained to conduct child abuse assessments, as defined in ORS 418.782, and who is,
39 or who may designate another physician, physician associate or nurse practitioner who is, regularly
40 available to conduct the medical assessment described in ORS 419B.023.

41 (10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the
42 case, the photographs shall be made available to each member of the team at the first meeting re-
43 garding the child's case following the taking of the photographs.

44 (11) No later than September 1, 2008, each team shall submit to the Department of Justice a
45 written summary identifying the designated medical professional described in subsection (9) of this

1 section. After that date, this information shall be included in each regular report to the Department
2 of Justice.

3 (12) If, after reasonable effort, the team is not able to identify a designated medical professional
4 described in subsection (9) of this section, the team shall develop a written plan outlining the nec-
5 essary steps, recruitment and training needed to make such a medical professional available to the
6 children of the county. The team shall also develop a written strategy to ensure that each child in
7 the county who is a suspected victim of child abuse will receive a medical assessment in compliance
8 with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and
9 training, shall be submitted to the Department of Justice no later than September 1, 2008. This in-
10 formation shall be included in each regular report to the Department of Justice for each reporting
11 period in which a team is not able to identify a designated medical professional described in sub-
12 section (9) of this section.

13 **SECTION 5.** ORS 418.782, as amended by section 63, chapter 73, Oregon Laws 2024, is amended
14 to read:

15 418.782. As used in ORS 418.746 to 418.796:

16 (1) "Child abuse" means "abuse" as defined by ORS 419B.005.

17 (2) "Child abuse assessment" means services provided by a children's advocacy center for the
18 purpose of determining whether or not a child has been abused and identifying the appropriate
19 treatment or referral for follow-up for the child. "Child abuse assessment" may include one or more
20 of the following:

21 (a) A medical assessment;

22 (b) A forensic interview;

23 (c) Care coordination; or

24 (d) Family support.

25 (3) "Children's advocacy center" means a facility that meets the facility standards described in
26 ORS 418.788, to which a child from the community may be referred to receive a thorough child abuse
27 assessment for the purpose of determining whether the child has been abused or neglected, and that
28 facilitates a coordinated, comprehensive and multidisciplinary response to cases of child abuse.

29 **(4) "Court appointed special advocate" means a person in a CASA Volunteer Program**
30 **who is appointed by a court to act as a court appointed special advocate pursuant to ORS**
31 **419B.112.**

32 [(4)] (5) "Forensic interview" means an interview that is conducted by an individual who has
33 completed training described in ORS 418.788 for the purpose of preserving a child's statements and
34 that is conducted in a manner that is legally sound, age appropriate, of a neutral, fact-finding nature
35 and coordinated to avoid duplicative interviewing.

36 [(5)] (6) "Medical assessment" means the taking of a child's thorough medical history and a
37 complete physical examination of the child, for the purpose of making a medical diagnosis, by or
38 under the direction of an individual trained in the evaluation, diagnosis and treatment of child abuse
39 who is a licensed physician, physician associate or nurse practitioner.

40 [(6)] (7) "Regional children's advocacy center" means a facility operated by a children's advo-
41 cacy center that meets the facility standards described in ORS 418.788 and is selected by the Child
42 Abuse Multidisciplinary Intervention Program to provide training and complex case assistance.

43 [(7)] (8) "Training and complex case assistance" includes one or more of the following:

44 (a) Consultation;

45 (b) Education;

- 1 (c) Referral;
 2 (d) Technical assistance; and
 3 (e) If authorized by the Department of Justice, other services as needed.

4 **SECTION 6.** ORS 418.784 is amended to read:

5 418.784. (1) There is created the Advisory Council on Child Abuse Assessment, consisting of at
 6 least *[nine]* **ten** members appointed by the Attorney General. The Attorney General shall serve as
 7 an ex officio member of the council. The council shall direct the administrator of the Child Abuse
 8 Multidisciplinary Intervention Program on the administration of funds to establish and maintain
 9 children's advocacy centers or regional children's advocacy centers under ORS 418.746 to 418.796.

10 (2) Of the members appointed to the council:

11 (a) One member *[shall]* **must** be an employee of the Department of Human Services with duties
 12 related to child protective services;

13 (b) One member *[shall]* **must** be a physician licensed to practice medicine in Oregon who spe-
 14 cializes in children and families;

15 (c) One member *[shall]* **must** be a person having experience dealing with child abuse;

16 (d) One member *[shall]* **must** be a district attorney or the designee of a district attorney;

17 (e) One member *[shall]* **must** be an employee of a law enforcement agency, in addition to the
 18 member who is a district attorney or the designee of a district attorney;

19 (f) One member *[shall]* **must** be from an operating regional children's advocacy center; *[and]*

20 **(g) One member must be a current or former court appointed special advocate; and**

21 *[(g)]* **(h)** At least three members *[shall]* **must** be citizens with appropriate interest in advocating
 22 for the medical interest of abused children.

23 (3) Members of the council who are not state employees:

24 (a) Are not entitled to compensation; and

25 (b) Are entitled to reimbursement for actual and necessary travel expenses incurred by them in
 26 the performance of their official duties as members of the council if there are sufficient funds
 27 available in the Child Abuse Multidisciplinary Intervention Account established in ORS 418.746.

28 (4) Members of the council who are state employees carrying out their state employment func-
 29 tions are entitled to compensation and reimbursement by their employing agencies for actual and
 30 necessary travel and other expenses incurred by them in the performance of their official duties as
 31 members of the council.

32 (5) The council shall elect one of its members to serve as chairperson, for such terms and with
 33 such duties and powers as the council determines.

34 (6) The council shall meet at least four times per year at a place, day and hour determined by
 35 the council.

36 (7) A majority of the members of the council constitutes a quorum for the transaction of busi-
 37 ness.

38 **SECTION 7.** ORS 418.811 is amended to read:

39 418.811. (1) When the Department of Human Services becomes aware of a critical incident, the
 40 department shall assign a Critical Incident Review Team.

41 (2) The department shall assign the team required under subsection (1) of this section no later
 42 than the earlier of:

43 (a) Ten days after the department becomes aware of a fatality that the department reasonably
 44 believes is the result of child abuse; or

45 (b) Seven days after the department causes an investigation under ORS 419B.020 to be made into

1 the nature and cause of a fatality when the department reasonably believes the fatality is the result
2 of child abuse.

3 (3)(a) Members of the team shall include, at a minimum, the following:

4 (A) The Director of Human Services or a deputy director of the department;

5 (B) The lead department personnel responsible for the administration and oversight of the child
6 welfare system within the department or the lead personnel's deputy; *[and]*

7 (C) The department personnel responsible for media and communications; **and**

8 **(D) A current court appointed special advocate, as defined in ORS 419A.004, chosen from**
9 **a list furnished by the statewide coordinating entity contracted with by the Oregon Depart-**
10 **ment of Administrative Services under ORS 184.492 of not fewer than three nor more than**
11 **five nominees who have no prior contact with or knowledge of the deceased child or the de-**
12 **ceased child's family.**

13 (b) Members of the team may include:

14 (A) Members of the public, appointed by the director, as appropriate;

15 (B) A juvenile court judge appointed by the Chief Justice of the Supreme Court;

16 (C) A member of a local citizen review board established under ORS 419A.090 whose service
17 area does not include the location where the critical incident occurred; or

18 (D) If the director determines it is appropriate to include one or more legislators as members
19 of the team, up to one state Senator appointed by the President of the Senate and one state Repre-
20 sentative appointed by the Speaker of the House of Representatives. A person is ineligible for ap-
21 pointment to a team under this subparagraph if the critical incident occurred in the person's
22 district, the person had prior contact with or knowledge of the deceased child or the deceased
23 child's family, or the person is a family member of any person associated with the case.

24 (4)(a) During the course of its review of the case, the team may include or consult with the
25 district attorney from the county in which the critical incident occurred.

26 (b) All members of the team must attend meetings of the team in person, by telephone or by
27 other two-way electronic communication device. A team member may not send a delegate to
28 meetings of the team to appear on the member's behalf. Notwithstanding the provisions of this
29 paragraph, a meeting of the team may be convened and held even if one or more members are unable
30 to attend the meeting.

31 (5)(a) All information and records available to the department regarding the critical incident
32 shall be provided to team members. Information and records under this subsection include, but are
33 not limited to, medical records, hospital records, records maintained by any state, county or local
34 agency, police investigative data, coroner or medical examiner investigative data and social services
35 records, as necessary to complete a case review under this section.

36 (b) Information and records provided to team members are confidential and may be disclosed
37 only as necessary to carry out the purposes of the team's case review.

38 (6) In reviewing the case to which the team has been assigned, the team shall, with the assist-
39 ance and cooperation of the department:

40 (a) Review the case with the primary focus on the history of the safety and well-being of the
41 child who was involved in the critical incident and any other children who may be impacted by the
42 circumstances surrounding the critical incident.

43 (b) Document and make a part of the record of the case review all team conclusions and deci-
44 sions.

45 (c) Complete the case review even if:

1 (A) The team concludes that the critical incident was the result of the actions of one or more
2 department employees or staff and that such actions were inconsistent with department policy or
3 administrative rule; or

4 (B) The department's investigation into the critical incident results in a finding that the report
5 of child abuse is unfounded or cannot be determined, as described in ORS 419B.026.

6 (d) Prepare and submit the final report required under ORS 418.813.

7 (7) If the team concludes that the critical incident involves personnel matters relevant to the
8 department, the department shall refer the matters to the human resources or personnel divisions
9 of the department.

10 (8) The team may meet, upon conclusion of a criminal investigation or prosecution arising out
11 of a child fatality to which the team was assigned for review, with members of law enforcement that
12 investigated the child fatality or with the prosecuting attorneys who prosecuted the case for the
13 purpose of reviewing the conclusions and recommendations of the team and the reports prepared and
14 submitted by the team.

15 (9) The department shall adopt rules necessary to carry out the provisions of ORS 418.806 to
16 418.816. The rules adopted by the department shall substantially conform with the department's child
17 welfare protocol regarding Notification and Review of Critical Incidents.

18 **SECTION 8.** ORS 418.978 is amended to read:

19 418.978. (1) A commission known as the System of Care Advisory Council is established.

20 (2) The council consists of [25] **26** members appointed as follows:

21 (a) The Chief Justice of the Supreme Court shall appoint one representative from the Judicial
22 Department.

23 (b) The Governor shall appoint:

24 (A) Two members who are representatives of the Department of Human Services with extensive
25 knowledge of systems of care, one of whom must have direct experience with intellectual and de-
26 velopmental disabilities programs.

27 (B) One member who is a representative of the Oregon Youth Authority with extensive knowl-
28 edge of systems of care.

29 (C) One member who is a representative of the Oregon Health Authority with extensive knowl-
30 edge of systems of care.

31 (D) One member who is a representative of the Department of Education.

32 (E) Two members who are representatives of coordinated care organizations meeting the criteria
33 adopted by the Oregon Health Authority under ORS 414.572, at least one of which must provide
34 services to rural communities.

35 (F) One psychiatrist, one psychologist and one pediatric physician, each of whom must have
36 clinical experience with youth.

37 (G) One member who is a representative of an entity that offers commercial insurance.

38 (H) Three members who are representatives of agencies that provide different services and
39 supports to youth and families of youth.

40 (I) One member who is a representative of organizations that advocate for youth.

41 (J) One member who is a representative of organizations that advocate for families of youth.

42 (K) Two members of the public, each of whom are family members of:

43 (i) Persons with intellectual or developmental disabilities or mental illness; or

44 (ii) Persons who are currently or were previously in the foster care system or the youth criminal
45 justice system.

1 (L) Two members of the public who are no more than 25 years of age at the time of appointment
 2 or reappointment and who:

3 (i) Are persons with intellectual or developmental disabilities or mental illness; or

4 (ii) Are currently or were previously a ward, youth or adjudicated youth, as those terms are
 5 defined in ORS 419A.004.

6 (M) One member who is a county juvenile department director.

7 (N) One member who is a county mental health program director.

8 (O) One member who is a member of a federally recognized Indian tribe in this state or a
 9 designee of the Indian tribe.

10 (P) One member who is a representative of Oregon's federally mandated disability protection and
 11 advocacy agency.

12 **(Q) One member who is a current or former court appointed special advocate, as defined**
 13 **in ORS 419A.004.**

14 (3) The term of office of each member of the council is four years, but a member serves at the
 15 pleasure of the appointing authority. Before the expiration of the term of a member, a successor
 16 shall be appointed whose term begins on January 2 next following. A member is eligible for reap-
 17 pointment to one additional term. If there is a vacancy for any cause, the appointing authority shall
 18 make an appointment to become immediately effective for the unexpired term.

19 (4)(a) Members of the council who are not state employees are not entitled to compensation or
 20 reimbursement for expenses and serve as volunteers on the council.

21 (b) Notwithstanding paragraph (a) of this subsection, members of the council described in sub-
 22 section (2)(b)(K) and (L) of this section may be reimbursed for travel and other reasonable expenses
 23 associated with serving on the council.

24 (5) Members of the council who are state employees carrying out their state employment func-
 25 tions are entitled to compensation and reimbursement by their employing agencies for actual and
 26 necessary travel and other expenses incurred by them in the performance of their official duties as
 27 members of the council.

28 (6) The Governor shall appoint one of the members as chairperson, to serve at the pleasure of
 29 the Governor. The members of the council shall elect from among themselves a vice chairperson
 30 who shall preside over meetings and exercise the functions of the chairperson during the absence
 31 or disability of the chairperson. The chairperson and the vice chairperson shall execute the duties
 32 determined by the council to be necessary.

33 (7) The council shall appoint an executive director who shall be in the exempt service and who
 34 shall be responsible for the performance of duties assigned by the council. Subject to the State
 35 Personnel Relations Law, the executive director may employ appropriate staff to carry out the du-
 36 ties assigned by the council.

37 (8) The council shall meet at least four times per year at a place, day and hour determined by
 38 the council.

39 (9) A majority of the members of the council constitutes a quorum for the transaction of busi-
 40 ness.